| FORM<br>(REV. 7 |             | 90 (Modified) U.S. PATENT AND TRADEM                                                                                                            | ATTORNEY'S DOCKET NUMBER                                                                             |                                        |  |  |  |  |
|-----------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|--|--|
|                 | TR          | ANSMITTAL LETTER                                                                                                                                | 1029.1035                                                                                            |                                        |  |  |  |  |
|                 | [           | DESIGNATED/ELECTE                                                                                                                               | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)                                                      |                                        |  |  |  |  |
| (               | CON         | ICERNING A SUBMISS                                                                                                                              | SION UNDER 35 U.S.C. 371                                                                             | 10/596,084                             |  |  |  |  |
| INTE            |             | IONAL APPLICATION NO.                                                                                                                           | INTERNATIONAL FILING DATE                                                                            | PRIORITY DATE CLAIMED                  |  |  |  |  |
| TITI E          |             | PCT/IT2004/000681<br>NVENTION                                                                                                                   | 09 December 2004                                                                                     | 11 December 2003                       |  |  |  |  |
|                 |             | INVENTION<br>IGE FOR THE PREPARATION                                                                                                            | OF A REVERAGE                                                                                        |                                        |  |  |  |  |
| 0               |             |                                                                                                                                                 | Of A BEVERINGE                                                                                       |                                        |  |  |  |  |
| A DDI           | ICAN        | T(S) FOR DO/EO/US                                                                                                                               |                                                                                                      |                                        |  |  |  |  |
|                 |             | osimo                                                                                                                                           |                                                                                                      |                                        |  |  |  |  |
|                 |             |                                                                                                                                                 |                                                                                                      |                                        |  |  |  |  |
| Applio          | cant h      | erewith submits to the United State                                                                                                             | s Designated/Elected Office (DO/EO/US) the                                                           | following items and other information: |  |  |  |  |
| 1.              |             | This is a <b>FIRST</b> submission of ite                                                                                                        | ms concerning a submission under 35 U.S.C.                                                           | 371.                                   |  |  |  |  |
| 2.              | $\boxtimes$ |                                                                                                                                                 | ENT submission of items concerning a submis                                                          |                                        |  |  |  |  |
| 3.              |             | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6),             |                                                                                                      |                                        |  |  |  |  |
| 4.              |             | (9) and (24) indicated below.  The US has been elected (Article 31).                                                                            |                                                                                                      |                                        |  |  |  |  |
| 5.              |             | A copy of the International Application as filed (35 U.S.C. 371 (c)(2))                                                                         |                                                                                                      |                                        |  |  |  |  |
|                 |             |                                                                                                                                                 | , , , , , ,                                                                                          | ional Bureau).                         |  |  |  |  |
|                 |             | a.                                                                                                                                              |                                                                                                      |                                        |  |  |  |  |
|                 |             | c. is not required, as the application was filed in the United States Receiving Office (RO/US).                                                 |                                                                                                      |                                        |  |  |  |  |
| 6.              |             | An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).                                                |                                                                                                      |                                        |  |  |  |  |
|                 |             | a. ☐ is attached hereto.                                                                                                                        |                                                                                                      |                                        |  |  |  |  |
|                 |             | b.  has been previously sub                                                                                                                     | omitted under 35 U.S.C. 154(d)(4).                                                                   |                                        |  |  |  |  |
| 7.              |             | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))                                           |                                                                                                      |                                        |  |  |  |  |
|                 |             | a.   are attached hereto (red                                                                                                                   | uired only if not communicated by the Interna                                                        | tional Bureau).                        |  |  |  |  |
|                 |             | b.  have been communicated by the International Bureau.                                                                                         |                                                                                                      |                                        |  |  |  |  |
|                 |             | c. $\square$ have not been made; ho                                                                                                             | c. $\square$ have not been made; however, the time limit for making such amendments has NOT expired. |                                        |  |  |  |  |
|                 |             | d. $\square$ have not been made and will not be made.                                                                                           |                                                                                                      |                                        |  |  |  |  |
| 8.              |             | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).                                     |                                                                                                      |                                        |  |  |  |  |
| 9.              | $\boxtimes$ | An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).                                                                               |                                                                                                      |                                        |  |  |  |  |
| 10.             |             | An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). |                                                                                                      |                                        |  |  |  |  |
| 11.             |             | A copy of the International Preliminary Examination Report (PCT/IPEA/409).                                                                      |                                                                                                      |                                        |  |  |  |  |
| 12.             |             | A copy of the International Search Report (PCT/ISA/210).                                                                                        |                                                                                                      |                                        |  |  |  |  |
| Ite             | ems 1       | 3 to 23 below concern document                                                                                                                  | t(s) or information included:                                                                        |                                        |  |  |  |  |
| 13.             |             | An Information Disclosure Statement under 37 CFR 1.97 and 1.98.                                                                                 |                                                                                                      |                                        |  |  |  |  |
| 14.             |             | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.                               |                                                                                                      |                                        |  |  |  |  |
| 15.             |             | A FIRST preliminary amendment.                                                                                                                  |                                                                                                      |                                        |  |  |  |  |
| 16.             |             | A SECOND or SUBSEQUENT preliminary amendment.                                                                                                   |                                                                                                      |                                        |  |  |  |  |
| 17.             |             | A substitute specification.                                                                                                                     |                                                                                                      |                                        |  |  |  |  |
| 18.             |             | A power of attorney and/or change of address letter.                                                                                            |                                                                                                      |                                        |  |  |  |  |
| 19.             |             | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.                                  |                                                                                                      |                                        |  |  |  |  |
| 20.             |             | A second copy of the published International Application under 35 U.S.C. 154(d)(4).                                                             |                                                                                                      |                                        |  |  |  |  |
| 21.             |             | A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).                                   |                                                                                                      |                                        |  |  |  |  |
| 22.             |             | Express Mail Label No.                                                                                                                          |                                                                                                      |                                        |  |  |  |  |

PTO-1390 (Rev. 07-2005)
Approved for use through 3/31/2007. OMB 0651-0021
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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|                                                                                                                                                                       | ON NO (if known, see $10/596.084$                                                       |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ATTORNEY'S DOCKET NUMBER |           |             |           |         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|-------------|-----------|---------|--|
|                                                                                                                                                                       | PCT/IT2004/000681                                                                       |                                      |                                        |                              | 1029.1035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |           |             |           |         |  |
| 23. Other ite                                                                                                                                                         | ms or information:                                                                      |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | I           |           |         |  |
| The following fees have been submitted: 24. □ Basic national fee                                                                                                      |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | ***       | CALCULATI   |           | PTO USE |  |
| -                                                                                                                                                                     |                                                                                         |                                      |                                        |                              | • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | \$300     | \$          | \$0.00    |         |  |
| If the written opin                                                                                                                                                   | ation fee (37 CFR ion prepared by IS                                                    | A/US or                              | the internation                        | al prelimina                 | ry exa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | amination r              | eport     | \$          | \$0.00    |         |  |
| prepared by IPEA/US indicates all claims satisfy provisions of PCT Article \$0 All other situations. \$200                                                            |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           | -       |  |
|                                                                                                                                                                       | fee (37 CFR 1.492                                                                       |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | \$200     |             |           |         |  |
| If the written opin                                                                                                                                                   | ionor the ISA/US o<br>3 indicates all clain                                             | r the Inte                           |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | \$0       |             |           |         |  |
| Search fee (37 C                                                                                                                                                      | FR 1.445(a)(2)) ha                                                                      | s been p                             | aid on the inte                        | rnational ap                 | plicat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ion to the               |           | \$          | \$0.00    |         |  |
| as an International Searching Authority                                                                                                                               |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | ,         |             |           |         |  |
| ,                                                                                                                                                                     | previously communicated to the US by the IB                                             |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
| TOTA                                                                                                                                                                  | TOTAL OF 24, 25 and 26 = \$ \$0.00                                                      |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
| ☐ Additional fe sequence lis                                                                                                                                          | e for specification<br>ting in compliance<br>electronic medium<br>250 for each addition | and draw<br>with 37                  | rings filed in pa<br>CFR 1.821(c) c    | per over 10<br>or (e) or con | 00 she                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eets (exclu<br>r program | ding      |             |           |         |  |
| listing in an o<br>The fee is <b>\$</b> 2                                                                                                                             | electronic medium<br>250 for each additi                                                | ) (37 CFF<br>onal 50 s               | R 1.492(j)).<br>heets of paper         | or fraction                  | there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of.                      |           |             |           |         |  |
| Total Sheets                                                                                                                                                          | Extra Sheets                                                                            | Number of each additional 50 or RATE |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             |           |         |  |
| 400                                                                                                                                                                   |                                                                                         | fraction                             | action thereof (round <b>up</b> to a w |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | <b>A</b>    |           |         |  |
| - 100 =                                                                                                                                                               | 0 /50 =                                                                                 |                                      | 0                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | × \$250                  |           | \$          | \$0.00    |         |  |
|                                                                                                                                                                       | <b>0.00</b> for furnishing the date of comme                                            |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | or        | \$          |           |         |  |
| CLAIMS                                                                                                                                                                | NUMBER F                                                                                | LED                                  | NUMBER I                               | EXTRA                        | TO A STATE OF THE PARTY OF THE | RATE                     |           |             |           |         |  |
| Total claims                                                                                                                                                          |                                                                                         | - 20 =                               | 0                                      |                              | x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$50                     | .00       | \$          | \$0.00    |         |  |
| Independent clair                                                                                                                                                     | ns                                                                                      | - 3=                                 | 0                                      |                              | х                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$200                    | .00       | \$          | \$0.00    |         |  |
| MULTIPLE DEPE                                                                                                                                                         | ENDENT CLAIMS                                                                           | (if applica                          | ible)                                  |                              | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$360                    | .00       | \$          | \$0.00    |         |  |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                         |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | \$          | \$0.00    |         |  |
| Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.                                                                                 |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | У         | \$          | \$0.00    |         |  |
| SUBTOTAL =                                                                                                                                                            |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | \$          | \$0.00    |         |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).                     |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | \$ \$0.00   |           |         |  |
| TOTAL NATIONAL FEE =                                                                                                                                                  |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           |             | \$ \$0.00 |         |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property + |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | \$ \$0.00   |           |         |  |
| TOTAL FEES ENCLOSED =                                                                                                                                                 |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | \$ \$0.00 |             |           |         |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | Amount to b | )e        | \$      |  |
|                                                                                                                                                                       |                                                                                         |                                      |                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |           | Amount to b | е         | \$      |  |

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| a.  A check in the amount of \$                                                                                                                                                                               | to cover the above fees is enclosed.                                                                                                                                                                                                    |                          |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|--|--|
| b. Please charge my Deposit Account No. A duplicate copy of this sheet is enclosed.                                                                                                                           | in the amount of \$                                                                                                                                                                                                                     | to cover the above fees. |  |  |  |  |  |
| · ·                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                          |  |  |  |  |  |
|                                                                                                                                                                                                               | Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038. |                          |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 FR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status. |                                                                                                                                                                                                                                         |                          |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                   |                                                                                                                                                                                                                                         |                          |  |  |  |  |  |
| Michael N. Mercanti                                                                                                                                                                                           | SIGNATURE                                                                                                                                                                                                                               | SIGNATIONE               |  |  |  |  |  |
| LUCAS & MERCANTI, LLP                                                                                                                                                                                         | Michael N. Merc                                                                                                                                                                                                                         | Michael N. Mercanti      |  |  |  |  |  |
| 475 Park Avenue South<br>New York, New York 10016                                                                                                                                                             | NAME                                                                                                                                                                                                                                    | NAME                     |  |  |  |  |  |
| Phone: 212-661-8000                                                                                                                                                                                           | 33,966                                                                                                                                                                                                                                  | 33.966                   |  |  |  |  |  |
| Fax: 212-661-8002                                                                                                                                                                                             |                                                                                                                                                                                                                                         | REGISTRATION NUMBER      |  |  |  |  |  |
|                                                                                                                                                                                                               | June 1, 2006                                                                                                                                                                                                                            |                          |  |  |  |  |  |
|                                                                                                                                                                                                               | DATE                                                                                                                                                                                                                                    |                          |  |  |  |  |  |
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